

Authorization for Release of Information

To Our Clients: We can serve you better if we are able to work with other agencies that know you and your family. By signing this form, you are giving permission for these organizations to release information about your situation.

This material is available in alternative formats including Braille, computer disk, large print and oral presentation, for persons that are visually impaired and meet the guidelines for the Americans with Disabilities Act.

Section A

Legal Name Last	First	MI	Date of Birth
Child Legal Name Last	First	MI	Date of Birth
Child Legal Name Last	First	MI	Date of Birth
Child Legal Name Last	First	MI	Date of Birth

I authorize the following record holders; (individuals, schools, employer, or agencies)

Section B

CLIENT INITIAL	RECORD HOLDERS	HOW MUCH AND WHAT KIND OF RECORDS	MUTUAL EXCHANGE YES/NO

To release to: (If releasing to a team, list agency members on back of form)


Section C

CLIENT INITIAL	TO	PURPOSE	EXPIRATION DATE OR EVENT

I agree that the agencies and individuals listed above may share and exchange information about my family and my circumstances. Initial one: _____ Yes _____ No

I can cancel this authorization for release at any time, but I understand that the cancellation will not affect any information that was already released before the cancellation. I understand that information about my case is confidential and protected by state and federal law. I approve the release of this information. I understand what this agreement means. I am signing on my own and have not been pressured to do so.

Section D


 **Full Legal Signature or Mark of Client** **Date**
☐ Client ☐ Parent ☐ Guardian ☐ Legal Custodian ☐ Power of Attorney
☐ Spouse ☐ Adult Child ☐ Other Family ☐ Attorney ☐ Caseworker

 **Full Signature of Worker** **Date**
Initiating Agency

To those receiving information under this authorization:

This information disclosed to you is protected by state and federal law. You are not authorized to release it to any agency or person not listed on this form without specific written consent of the person to whom it pertains unless authorized by other laws.

This is a true copy of the original authorization document.

 **Full Signature of Agency Staff Person making copies**

To release to:			
CLIENT INITIAL	TO	PURPOSE	EXPIRATION DATE OR EVENT
Section C			

Instructions

1. The worker should fill out this form for the client. Be sure the client understands it before signing. Encourage the client to ask questions about the form and what it allows.
2. **Cannot read/Cannot write:** A client may substitute a signature with making a mark or by asking someone to sign on his/her behalf.
3. This is a **Voluntary Form**. However, clients should be given accurate information on how the refusal to allow the release of information may adversely affect eligibility determination or coordination of services. If the client decides not to sign, consider referring the individual or family to a single service which may be able to help them without an exchange of information.
4. **Guardianship/Custody.** If the signer is a guardian, a copy of the guardianship paper must be attached when the request is sent. Similarly, if an agency has custody, and their representative signs, the custody order should be included.
5. **Duration.** The authorization is valid for one year unless otherwise specified.
6. **Family Records.** This release covers information about the person signing the form, minor children and information about the family he/she supplied for the record. It would not cover information supplied by other adult family members unless they also sign a release.
7. **Children.** Minors can consent to medical treatment at age 15; mental, emotional or chemical dependency treatment, at age 14. They may sign their own permission for release of information forms needed for such treatment.
8. **Revocation.** If the person later cancels this authorization, write "revoked" and the method and date of revocation boldly across the form. Date and initial it, and keep in the file. Federal regulations do not allow us to require that the revocation be in writing.
9. **Mail Requests.** If this form is being used to request information by mail, be specific about what you need. If you have a series of questions, use a cover letter. The more clear you are in your request, the more likely you are to receive a prompt and accurate response. Do not ask for information you do not need.
10. **Photocopying. Keep the original in the file** and send copies to other agencies. The person making the photocopies should sign each copy at the bottom of the first page certifying it as a true copy. The agency receiving the authorization should reject it if there is not an original signature by the person who made the copy.

Special Attention:

11. **Redisclosure.** Information received under this authorization should not be redisclosed to any party not identified on this form without specific written consent. Criminal penalties may apply to illegal disclosure. Federal regulations (42 CFR part 2) prohibit you from making any further disclosures of Alcohol and Drug information and state rules OAR 333-12-270, ORS 433.045 prohibit further disclosure of HIV/AIDS information, and statutes ORS 659.700-659.720 and OAR 333-24-0500 through 0560 prohibit further disclosure of Genetics information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical information is not sufficient for this purpose.
12. **HIV/AIDS.** A general release is not sufficient. Identification of a specific individual, agency or facility is required including 3rd party payers, a specific purpose for the release and a specific time period are necessary.
13. **Genetics.** A general release is not sufficient for genetic test results but is sufficient for general historical information. OAR 333-024-0550 (Appendix 2) requires use of a specific genetic release form for disclosure or redisclosure. Provision of the specified form to the tested individual is required.